



Staff Use Only

Annual Income

CLV, HD, NLV, etc.

Percentage Cap

# FINANCIAL AID REQUEST

Site:	Program:	Duration of Request:
Head of Household Name:	RecTrac account #	
Phone:	Cell Ph:	Work Ph:
Address:		
City (Must be city of Las Vegas resident):	Zip:	
Email Address:	Date Completed Application Submitted:	
Indicate Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Foster/Group Home <input type="checkbox"/> Domestic Partner		

Print names and requested information for everyone in the household including income. Include the person requesting assistance.  
Please note-failure to attend a program paid with financial assistance may result in suspension from receiving future financial aid.

First Name	Last Name	Date of Birth	Age	Gender	Assistance Needed
				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO

Answer the following questions. For each "yes", provide documentation.

**Does any member of your household:**

- Live in Public Housing or receive Section 8 rental assistance?..... ☐ YES ☐ NO
- Receives or expect to receive public assistance (welfare)? ..... ☐ YES ☐ NO
- Receives or expect to receive unemployment benefits? ..... ☐ YES ☐ NO
- Work full-time, part-time, or seasonally? ..... ☐ YES ☐ NO
- Expect to work for any period during the next year? ..... ☐ YES ☐ NO
- Receive cash for work? ..... ☐ YES ☐ NO
- Receives or expect to receive child support? ..... ☐ YES ☐ NO
- Receives or expect to receive alimony? ..... ☐ YES ☐ NO
- Receives or expect to receive Social Security or other retirement benefits?..... ☐ YES ☐ NO
- Could or would you pay to attend this program if financial aid was depleted? ..... ☐ YES ☐ NO

**REQUIRED: Copies of the following items are required:**

- ☐ Photo ID for head of household (every household must provide proof of city of Las Vegas residency – no exceptions).
- ☐ Dependant birth certificates (copies)
- ☐ Monthly income statement for each member of the household (paycheck stubs, income tax statement, etc.).  
*Two paycheck stubs if paid bi-weekly; four paycheck stubs if paid weekly.*  
*A letter from a Public Housing Authority or copy of a current Section 8 Lease will suffice if it states income.*
- ☐ Other income documentation (Proof of assistance with housing, welfare, SNAP, WIC, child support, alimony, etc.).

(Form continues on the back side)



# FINANCIAL AID REQUEST

(continued)

## What percent of your potential Financial Aid do you plan to use for the following programs?

_____ % Before/After-School Programs ( <i>Teen Scene &amp; Safekey</i> )	_____ % Educational Tutoring
_____ % GED Programs	_____ % Preschool Programs
_____ % Rec. Leagues ( <i>individual registration</i> )	_____ % Seasonal Camps
_____ % Learn to Swim Classes	_____ % Rec. Classes ( <i>beginning &amp; intermediate only</i> )

**Application and all supporting documents must be submitted two weeks prior to start of program. The program under which you are receiving assistance utilizes City of Las Vegas funds. In accordance with the regulations governing the use of these funds, please supply the requested information. This information is confidential and only for use by the public agencies providing funding. Incomplete packets will not be accepted.**

## APPLICANT CERTIFICATION

I/We certify that the information given on household composition and income is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable by law. I/We also understand that false statements or information are grounds for termination of assistance. I consent to verification of this information by the service provider, the City of Las Vegas, or other governmental officials as required. In the event your income changes due to marriage, divorce, births, deaths, promotions, termination etc. You must provide documentation to that effect and updated income statements in ten (10) business days for financial aid recertification.

Signature of Head of Household

Date

Signature of Spouse (if applicable)

Date

## STAFF USE ONLY

### FOR CENTER/PROGRAM SITE DOCUMENTATION ONLY.

Please list the documents providing proof of income and assistance. \_\_\_\_\_

Have you **verified** that they live within the City of Las Vegas using the Clark County Assessor's web page? Did you attach a copy of the screen shot for this applicant? If not, please do this before processing the application.

### FORMS SUBMITTED

- Photo ID (*copies*) ..... ☐ YES ☐ NO
- Dependant Birth Certificates (*copies*) ..... ☐ YES ☐ NO
- Public Assistance Documentation (*food stamps, TANF, SNAP Cards, SSI, WIC, unemployment, etc.*) ..... ☐ YES ☐ NO
- Paycheck Stubs ..... ☐ YES ☐ NO
- Other Income Documentation (*alimony, child support, etc.*) ..... ☐ YES ☐ NO

Center/program staff that received and verified documentation \_\_\_\_\_ Date: \_\_\_\_\_

PCPS recommendation: ☐ Approve ☐ Deny

Reason: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR FINANCIAL AID STAFF USE ONLY

Verified income: ..... ☐ YES ☐ NO Verify forms and residency: ..... ☐ YES ☐ NO

☐ Approved Percentage Rate: \_\_\_\_\_ %

☐ Denied Reason for Denial: \_\_\_\_\_

Financial Aid Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Funding and percentage entered in RecTrac: ..... ☐ YES Date: \_\_\_\_\_

Supervisor/Manager approval: \_\_\_\_\_ Date: \_\_\_\_\_